

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1947

Registration District No. 383

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5655

State File No. 31723

Registrar's No. 137

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 44 days
(Specify whether
In this community 44 days
years, months or days)

3. (a) PRINT FULL NAME Ernest P. Weston

3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle Weston 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Dec 10 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 8 13 hr. min.

9. Birthplace Exeter Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Groceryman

11. Industry or business

MOTHER FATHER { 12. Name Walter Weston
13. Birthplace Seligman Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Laura Dewitt
15. Birthplace Powell Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San. Mt. Vernon, Mo.
17. (a) Burial (b) Date thereof 8-25-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Missouri
19. (a) 9-9-47 (b) CR Hubbert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town Monett 2
(If outside city or town limits, write "RURAL")
(d) Street No. 211 Myrtle 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1947 hour 4:45 minute A M.

21. I hereby certify that I attended the deceased from July 10, 1947, to Aug 23, 1947.
that I last saw him alive on Aug 23, 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Far Advanced Pulmonary Tuberculosis is Abt 10 yrs.
Duration

Due to
Due to

Other conditions Right ventricular strain Unknown
(Include pregnancy within 3 months of death) Bronchogenic asthma Unknown

Major findings: 1312
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (c) Means of injury
23. Signature CR Hubbert (M. D. or other)
Address Mount Vernon, Missouri Date signed 8-23-47

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6;

District File Number 947-9-29

Date Filed SEP 30 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Ruby Elkins....., Registered Apprentice No. 496,
working under my personal supervision.

Signed J. B. Palmer.....

Licensed Embalmer No. 3584.....

P. O. Address Cassville.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.